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ABSTRACT

The history and objectives of the Center are reviewed and its work is outlined, including programs for children with learning disabilities and for predelinquent boys and pregnant school age girls. Two cases involving speech training are presented as are descriptions of the communications consultant and resource teachers. Further information covers psychological services, medical-neurological-psychiatric services, inservice training, professional library, research at the Center, and referral procedures. (JD)

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HARFORD - CECIL SUPPLEMENTARY EDUCATION CENTER

851 Revolution Street
Havre de Grace, Maryland 21078

(Funded by the Office of Education, *Title III*, ESEA)

A Handbook of Activities

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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TABLE OF CONTENTS

		Page
1.	A Short History	1
2.	General Objectives	1
2.	Classes for Children with Specific Learning Disabilities	2
4.	Rehabilitation Class	2 - 4
5.	Cyesis Program	4
6.	Additional Activities	5 & 6
7.	Communications Consultant	6
8.	Psychological Services	7 & 8
9.	Medical - Neurological - Psychiatric Services	8
10.	Resource Teachers	9
11.	In-Service Training	9 & 10
12.	Professional Library	11
13.	Research	11
14.	Referral Procedures	11 & 12
15.	Staff - 1969-70	

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INTRODUCTION

A Short History of the Supplementary Education Center

The Supplementary Education Center began operation in 1967 under the auspices of Title III of the Elementary and Secondary Education Act. Generally speaking, Title III of ESEA provides for the funding of innovative and/or exemplary educational programs.

After occupying a series of temporary quarters the Supplementary Education Center was established, in its own physical facility at 851 Revolution Street, Havre de Grace, Maryland 21078. The building houses offices, classrooms, workrooms and examining facilities.

There are a number of ESEA programs and facilities in the State of Maryland, however, it is felt that the Harford-Cecil Supplementary Education Center is unique in terms of the variety of services it is attempting to offer to the teachers, children and parents of Harford and Cecil Counties. A combination clinic classroom type facility is also a unique approach to resolving special problems in the public school sector.

GENERAL OBJECTIVES

As originally outlined, the objectives of the project were as follows:

1. Identification of and remediation for children with major learning disabilities.

2. Development of a program of continuing studies, health care, and counseling for school-age girls who became pregnant and who desired to complete their high school education.

3. Establishment of procedures whereby institutionalized youth could be counseled and prepared for successful re-entry into their schools and communities.

As the project has evolved, two changes in the above set of objectives have taken place. The first has dealt with the expansion of the third objective to include so-called "pre-delinquent" youth, i.e., adolescent boys who are still in school and are presenting severe behavior problems. The primary aim in this case is to modify the boys' behaviors so that they may function in school without having to resort to institutional placement.

The second change, about which we are particularly enthusiastic, concerns the institution of seminars, classes and in-service programs for parents and teachers dealing with learning disabilities and child classroom management as well as child/home management where required.

OVERVIEW OF SUPPLEMENTARY EDUCATION CENTER IN-BUILDING ACTIVITIES

I. Classes for Children with Specific Learning Disabilities

The Supplementary Education Center currently operates three (3) classes for children with Specific Learning Disabilities. Each class is staffed with a trained teacher who has access to a teacher aide. The classes are grouped primarily in terms of age, according to the following guidelines:

(1) Pre-School class - (essentially four (4) and five (5) year olds with some six (6) year olds, depending on the nature of the problem).

(2) Primary class (seven (7) and eight (8) year olds).

(3) Intermediate class (nine (9) and ten (10) year olds).

In order to be enrolled in the Primary or Intermediate Classes children have to have at least average intellectual potential, as assessed by the Wechsler Intelligence Scale for Children, and be approximately two or more years academically retarded in terms of Wide Range Achievement Test performance. In addition, the learning disability cannot be primarily the result of physical handicap, emotional disturbance, or cultural disadvantage. Some of the children evidence minimal central nervous system dysfunction on neurological examination. However, this is not one of the criteria for acceptance into the program. In order to be considered for placement at this Center, children cannot be over the age of nine (9) by September of the year of prospective enrollment.

The Supplementary Education Center staff feels that the Pre-School class serves a diagnostic as well as teaching function, and consequently the variety of problems eligible for referral is greater. For instance, children who manifest behavior or adjustment problems, on a primary basis, are eligible for enrollment. Children who manifest delayed speech and language development can also be considered. In some cases, there are questions regarding a diagnosis of mental retardation in a particular child. Such cases could be referred to the Supplementary Education Center Pre-School class for further diagnostic study and teaching.

II. Rehabilitation Class

The Supplementary Education Center currently operates one class for adolescent boys who manifest school behavior problems. The original concept of the class was that of a "half-way house" for boys returning from correctional institutions. Since its inception the program has been expanded to include adolescents who have not necessarily been involved with the courts, but whose school behavior would indicate serious future problems without some type of intervention. Adolescents in this situation might be termed "pre-delinquent."

Certainly not all boys being released from institutions need spend time at the Supplementary Education Center before returning to their respective schools. It is felt that the decision concerning referral should be made by the school involved after a thorough review of all available information. This information could include institutional reports and recommendations, probation officer reports, pupil personnel worker reports, and an assessment of parental assets and liabilities.

In terms of "pre-delinquent" referrals a number of factors should be kept in mind. The first is that our model for bringing about behavior change is based on reinforcement and operant principles. Generally speaking, this principle states that those behaviors which are followed by reinforcing consequences tend to <u>increase</u> in frequency and those behaviors which are not followed by reinforcing consequences tend to <u>decrease</u> in frequency. For the majority of adolescents who present behavior problems in school, it could be said that the normal school routine is not an "innately" reinforcing event. Therefore, many times it is necessary to look elsewhere for appropriate reinforcers and make their dispensation contingent upon appropriate school behavior. These reinforcers might include money, privileges, or other things which seem to be attractive. It should be noted that the strength of a given reinforcer will vary from person to person, and that some initial experimentation might have to be carried out.

Because powerful reinforcers, can many times, be found only outside of the regular school environment, it is necessary to have a large amount of parental consent and cooperation. If parental cooperation and control cannot be elicited, chances for bringing about any measurable change in the child are reduced in proportion to the amount of cooperation provided. Obviously, if the Supplementary Education Center were able to program a child's environment on a 24 hour basis, the initial intense parental cooperation would not be required. However, in terms of the length of time during which the Supplementary Education Center has control over a student we do not differ appreciably from most regular schools.

Thus, one of the major criteria for entrance into the Rehabilitation Program is parental involvement and cooperation. An initial estimate of the degree of cooperation which might be expected is made at the first parent conference. If it is felt that the parents cannot or will not follow through on suggestions and recommendations, the child probably would not be admitted.

It is expected that, once a boy is enrolled, the parents will be available for meetings on at least a bi-monthly basis. If the parents fail to meet this obligation, the boy's enrollment will be terminated and he will be referred back to his pupil personnel worker.

From time to time, parents and students will be called upon to draw up "behavior contracts," if the Supplementary Education Center staff feels that the implementation of such a contract is the most efficient method of bringing about behavior change. The behavioral contract is simply a written statement which includes a listing of appropriate behaviors and the reinforcing consequences which will accrue, contingent upon the completion of these behaviors.

In addition to the aforementioned general guidelines, other requirements will be instituted at the discretion of the Supplementary Education Center Staff.

It should be noted that placement in the Rehabilitation Class is meant to be relatively short-term in nature. During the 1968-69 school year the average length of enrollment was eight weeks. Each boy's performance is constantly re-evaluated during the time he spends at the Center. Some of the boys pose extremely difficult problems which cannot be managed on a day basis. These cases are then referred to the appropriate community agency.

Finally, when boys who are discharged are returned to their respective schools, every attempt is made to follow their progress and to provide assistance when it is required.

II. CYESIS PROGRAM

Our Center provides continuing education programs for school-age girls who become pregnant and who wish to continue their education. There are two approaches used to provide these services.

In Harford County, the girls are bussed to the Center where a business education trained teacher and a generalist teach the subjects necessary to permit a girl to continue her education. Despite the fact that the grade placement ranges from 8 to 12, effective teaching does take place as exemplified by grades earned during placement here, and subsequently, in the schools they re-enter. The teaching is effective because of:

a. The part-time use of other Center staff members with a different background of experience (the Counselor was a former science teacher, as an example).

b. The cross-age relationships (higher grade level students working with lower age groups).

c. The use of programmed material.

d. The willingness of the staff to spend a great deal of time in individual planning.

In Cecil County, the girls are withdrawn from school and are placed on a direct telephonic hook-up with the school and with her former subject teachers. This approach therefore minimizes any dislocation of the girl's educational program inasmuch as she continues with her classmates and her teacher, except that her schoolroom is her home. A home teacher, who acts as a liaison between the school and the home provides services such as testing and tutoring when needed, and keeps both the home and the school informed concerning any special needs that might develop.

ADDITIONAL ACTIVITIES

The Supplementary Education Center has become involved in a number of, in effect, unplanned activities. The result of two of the cases will be summarized as illustrations of relatively unusual cases.

One of the cases involved a 19 year old educable mentally retarded boy who manifested an articulation and stuttering problem to the extent that he was unintelligible to anyone except close friends and relatives. One of the major goals of the treatment program has been to train the boy to slow down his rate of speech. It was found that when this occurred he became much more intelligible. The method by which his rate of speech was controlled involved the synchronization of his speech with a metronome. The boy was instructed to practice with the metronome two hours per day, one hour of oral reading and one hour of speaking to members of the household. His progress was checked by the Supplementary Education Center staff, first on a three times per week and then, as he improved, on a once a week basis.

However, it was found in this case, as with most other cases reported in the literature, that there was little generalization from the training sessions to other situations. That is, when the pacing effect of the metronome was removed the boy tended to lapse into his pattern of rapid and unintelligible speech. However, the Center is presently in the process of constructing a portable device which consists of a bone conductor hearing aid and a transistorized power pack. The hearing aid will be enclosed in a case and be worn on the inside of the wrist, much the same as a wrist watch. The power pack will be worn in the shirt pocket or under the shirt and will provide a source of power to the wrist apparatus. This device will then be programmed to emit a non-audible tactile stimulus at a pre-determined rate, which will consistently provide the pacing stimulus previously afforded by the metronome. The portable apparatus has the obvious advantage of being able to be worn on a virtual 24 hour basis. At this point we are optimistic about its ability to do the job.

Speech Acquisition in a Young Deaf Child

The second case is that of a two (2) year old boy who was referred to the Supplementary Education Center after a diagnosis of severe to profound bilateral hearing loss. After being fitted with a hearing aid with two receivers it was still difficult to determine how much hearing the boy possessed, primarily because of his young age.

Despite the uncertainty regarding his hearing, it was, decided to start speech training. The Communications Consultant worked with the case in terms of amplification, therapy and parental counseling for approximately three months. At that point the Communications Consultant had to leave for the summer and the Center Psychologist became involved with the case.

At that time the boy would not respond with consistent vocalization, even on an imitative basis. The primary goal of treatment, then, became the consistent elicitation of imitative vocalization. The boy's father reported that his son said the word "bye" from time to time, and seemed to use it in the appropriate context. Since the "b" sound was already in the boy's repertoire it was decided to attempt to increase the frequency of this sound, on an imitative basis. This was accomplished by reinforcing the boy with M & M's contingent upon his forming his lips for the "b" sound. After this performance had been consistently established, dispensation of M & M's was then made contingent upon correct pronunciation of the "b" sound. A picture of a baby was introduced and the boy was then reinforced for putting the two "b" sounds together in order to approximate the word "baby."

This step wise program will continue in order to increase the rate and variety of vocalization.

COMMUNICATIONS CONSULTANT

The Supplementary Education Center presently maintains a full time Communications Consultant who is concerned with hearing and speech impaired children. The Communications Consultant works with children, parents, and teachers at the Center as well as in individual schools.

To date, he has functioned as a consultant to classroom teachers of hearing and speech impaired children in Harford and Cecil Counties, including the Title VI program for deaf and hard of hearing children at Meadowvale Elementary School.

The Consultant is especially interested in working with very young hearing impaired children, i.e., below the age of two (2) years. He works with the children themselves in terms of eliciting speech and speech sounds, in addition to counseling the parents of the children in methods of implementing speech acquisition at home. The Consultant also has had extensive audiological training and is thus in a position to fit and subsequently, assess the suitability of various amplification devices.

The Consultant works closely with other community agencies, including the Health Departments of Harford and Cecil Counties, as well as the Division of Vocational Rehabilitation.

SERVICES AND PERSONNEL AVAILABLE

THROUGH THE SUPPLEMENTARY EDUCATION CENTER

The Supplementary Education Center attempts to provide a variety of services to the parents, teachers, and children of Harford and Cecil Counties. The services, as they currently exist, are outlined below.

I. Psychological Services

The Supplementary Education Center psychological services are arranged in an attempt to serve two functions - diagnostic and consultative. In addition to the Center Psychologist, the psychological staff included a clinical psychologist and a pre-doctoral psychological intern from the University of Maryland Hospital. Their schedules currently permit them to be at the Supplementary Education Center on a once a week basis. Although based at the Center these professionals often visit schools and, in fact, our goal is to increase the amount of time spent in schools in observing children and speaking with teachers, parents and administrators. It should be borne in mind the offering of psychological services directly to the public schools is still a relatively new undertaking and we are still adding to our knowledge in this area.

The Supplementary Education Center maintains a psychological examiner whose primary duty is that of performing psycho-educational evaluations on children referred to the Center. For the most part, these evaluations are carried out in the child's own school. The examiner is familiar with and has access to the psychological instruments commonly used in the diagnosis of children who manifest learning and/or behavior problems. After the data has been gathered, a written report will be forwarded to the school, after it has been reviewed by the Center Psychologist. The Supplementary Education Center staff will then provide appropriate assistance to implement recommendations which have been made.

A unique aspect of the Supplementary Education Center psychological services is the deployment of a University-based professor of special education in selected elementary and secondary schools in Harford and Cecil Counties. He has had extensive experience in schools and currently directs the training program for teachers of emotionally disturbed children at George Washington University. This consultant attempts to place emphasis on both the development of the individual child and on staff development. To this end he meets with individual students, parents, faculty, and administration. One technique which has grown out of this consultant's experience, which has proved to be both efficient and effective, is the use of a tape recorder. After assessing a particular child or a given situation the consultant puts his expressions and recommendations on tape for the benefit of those staff persons who are most closely associated with the child. The staff is then able to listen to the tape at a time which is most convenient to them.

For the 1969-70 school year an additional university-based specialist in behavior modification techniques will be deployed to implement these techniques where requested. Recent years have seen a tremendous increase in the application of operant (reinforcement) principles to classroom behavior. Present plans include having the consultant work with the Supplementary Education Center teachers in the implementation of behavioral principles in their respective classrooms. These classrooms might then be used as model or demonstration classes for those who are interested in applying behavioral principles in their own "regular" classroom situation. In conjunction with his work at the Center, the consultant also will be called on to work directly with selected schools.

I. Medical-Neurological-Psychiatric Services

The consultant services of a pediatrician-psychiatrist are available to parents and children in cases where deemed appropriate. The pediatrician-psychiatrist comes to us from the University of Maryland Hospital on approximately a one-day a week basis. She has had extensive experience in working with children who manifest learning and behavior problems, as well as the parents of such children.

Many professional workers maintain some learning and behavior problems are the result of subtle organic or neurological dysfunction. Such cases are known by many diagnoses, e.g., "hyperkinetic behavior syndrome," "minimal brain injury," "central nervous system dysfunction," and so on. In many of the cases so diagnosed the judicious use of medication in conjunction with a program of consistent management have brought about significant behavioral improvement and academic learning.

The Supplementary Education Center maintains the services of a public health nurse, on a half-time basis. In point of the fact, however, the PHN functions in a role similar to that of a social worker in many instances. She is responsible for making home visits when the situation warrants, arranging appointments, following through on medical recommendations and acting as liaison between the home and the Center.

It should be noted that all suggestions for medical intervention such as medication, further consultation, and referrals to other professionals are thoroughly cleared with family physicians or, in some cases, the agency which has been following the child. The Center makes every attempt to coordinate its activities with those of the Diagnostic and Advisory Teams who visit the two counties by exchanging lists of referrals.

III. Resource Teachers

Most persons who are concerned with the education of children with learning disabilities would agree that one of the most difficult tasks is the translation of educational, psychological, and medical diagnostic data into concrete remedial educational procedures.

In order to attempt to bridge this gap, the Supplementary Education Center will deploy two learning disabilities resource teachers who will be available to teachers for consultation on individual children. The three primary objectives of this arrangement are as follows:

(1) To provide services for those children who have learning problems but who could not be enrolled in the Center for lack of space.

(2) To provide a type of in-service training in the area of learning disabilities for teachers in the public schools.

(3) To attempt to begin implementing the newly formed State Department of Education philosophy of providing services for "exceptional" children in the context of the regular classroom.

One of the resource teachers is available on a consultant basis, one day a week. She comes to us from the Department of Special Education at George Washington University and has had extensive classroom, research, and university teaching experience in the area of learning disabilities. The second resource person is the teacher of the Supplementary Education Center's Pre-School Class and is Chairman of the Department. Her academic training, and experience certainly qualify her to function in the role of resource teacher for children with learning disabilities.

IN-SERVICE TRAINING

As mentioned earlier in the Handbook, one of the areas about which the Supplementary Education Center staff is particularly excited is that of in-service training for teachers as well as parents. Our feeling is that, many times, the traditional one-to-one clinical model is not required or is not effective in bringing about behavior change. In addition, it is a luxury that few can afford, in terms of time, money, or professional personnel. Generally speaking, our goal is to train the people who are intimately involved with children, i.e., teachers and parents in techniques which, if consistently employed, have been shown to be effective in changing behavior.

TRAINING PARENTS AND TEACHERS IN THE APPLICATION OF BEHAVIOR MODIFICATION PRINCIPLES

In the February 1969 Review of Educational Research, Glavin and Quay reviewed the current research on children with behavior disorders. Two conclusions which these authors reached will serve as a preface to the in-service programs which the Supplementary Education Center is directing. Concerning classroom management, Glavin and Quay (1969) concluded that "Of particular importance for educators, recent learning theory research has shifted from the use of conditioning to influence an individual child's behavior to the application of operant principles to the entire classroom. Whatever the emphasis in future placement policies, it would seem that if an educational intervention is to be most efficiently utilized, the referral should be based on the child's specified behavioral difficulties, which will often be accompanied by learning deficits, rather than on the vague label that he is emotionally disturbed."

Concerning parental involvement, the authors concluded that, "The research showing the importance of parental influences upon the child suggested the need for a more encompassing intervention program rather than reliance upon a single point of attack. Application of a modified version of the ecological model to the public school and perhaps group therapy or training in behavioral management for the parents may be necessary. These approaches would require that the public schools view the disturbed child being, more than their customary nine-to-three o'clock responsibility."

In order to meet these needs the Supplementary Education Center conducted a series of training sessions for parents and teachers in the application of behavioral management techniques. The staff is excited about the response to and results obtained as a consequence of their efforts.

The approach employed in the training sessions makes use of operant or reinforcement principles. (For a more comprehensive explanation of the use of operant principles, refer to the "Rehabilitation Class" section of this handbook).

During the 1968-69 school year two six session classes concerning operant principles, were held for parents and other interested people. The response from those who participated, approximately 40 persons in all, was very positive and, consequently, our efforts in this area will be maintained and possibly increased during the 1969-70 school year.

In addition, a four session pilot training program in operant techniques for teachers was conducted toward the close of the school year. The teachers were volunteers and taught in elementary and special schools in the Havre de Grace area. The teachers were asked to keep behavioral records and at the close of the training program they were asked to give a subjective estimate of the amount of behavior change observed as a result of their treatment efforts. In response to this question, 36.5% saw a "great deal of change," 37.3% observed a "noticeable" change, 18.3% saw "some" change, 0% saw "no" change and 9% (n=1) observed a change in the "opposite" direction.

In addition to the types of programs outlined above, the Supplementary Education Center plans to sponsor seminars, workshops, and training programs in other areas of interest, e.g., learning disabilities. We have been encouraged by the results of our efforts in the area of in-service training and plan to expand this activity as time and personnel permit.

PROFESSIONAL LIBRARY

The Supplementary Education Center is making an attempt to build a professional library which contains titles that might not ordinarily be available to teachers. Such titles include books and journals in the area of behavior modification, classroom management, learning disabilities, and exceptional children.

An initial listing of titles, according to area of interest, was forwarded to each school during the 1968-69 academic year. New books and journals are expected soon, however, and an addendum to the original list will be forwarded as soon as it is complete.

RESEARCH

Although primarily a service project, the Supplementary Education Center attempts to evaluate its efforts and programs by subjective and objective means.

A report has been written concerning the procedures and results of a pilot training program for teachers in the application of behavioral management techniques. This report is available upon request.

The Supplementary Education Center is also in the process of evaluating the academic achievement and personality functioning of the children who were enrolled in the Specific Learning Disability Classes during the 1968-69 school year. A summary of this report will be available as soon as the data are analyzed.

REFERRAL PROCEDURES

Referral Sources

The majority of referrals to the Supplementary Education Center are initiated by individual teachers in Harford and Cecil Counties. However, the referral must be routed through specialists who have traditionally associated with the schools. These individuals might include counselors, principals, assistant principals, remedial teachers and pupil personnel workers. Many problems can be resolved through the efforts of these professionals and their services should be thoroughly utilized. It should be remembered that the function of the Supplementary Education Center is to supplement, and not supplant, already-existing services.

A number of referrals are received from the Health Departments of the respective counties, especially if the children are of pre-school age and/or might be appropriate for placement in a Specific Learning Disability Class.

It should be noted that, since the Supplementary Education Center is funded by Federal monies, its services are also available to the various private and parochial schools in the two counties.

The Supplementary Education Center also attempts to work closely and coordinate its activities with the Probation and After-Care Departments of the Division of Juvenile Services, especially in those cases who have been referred to the Rehabilitation Class.

We have, on occasion, received referrals from private agencies or professionals, and from Federal installations such as Aberdeen Proving Grounds and Bainbridge Naval Training Center. The Center can and does attempt to provide service to these individuals or agencies, depending on the nature of the referral.

The Referral Form

It is very difficult to design a referral form which is satisfactory to persons making the referral as well as those receiving the referral. After some experience and much thought, the staff of the Center has designed the enclosed Form V (Revised). Hopefully it is not too difficult or time consuming to fill out and, at the same time, will provide the staff with enough information to begin its work.

Routing of Referrals, Results, and Recommendations

Even though test results, recommendations, suggestions, or any information which emanates from the Center might be directed to teachers or counselors, it has been our practice to maintain contact with the pupil personnel worker responsible for a given school. Most of those involved believe that this is a good practice, and it will be continued. In essence, then, the pupil personnel worker would be the final referral source and he in turn, would be the first to receive outgoing information from the Center.

HARFORD - CECIL SUPPLEMENTARY EDUCATION CENTER

FORM V (Revised)

Name of Student: _____ School: _____

Birthdate: _____ Age _____ Teacher: _____

Grade: _____ IQ _____ Parents Name: _____

Length of time in your school _____ Address: _____

Previous School _____ _____

Date Received by Center: _____ Phone: _____

THE FOLLOWING PERSONS ARE AWARE OF THIS REFERRAL:

Supervisor _____ Teacher _____

Principal _____ Pupil Personnel _____

Counselor _____ Parents _____

I. PROBLEM

1. Describe if "hyperactive", "rude", will not follow instructions, "violent", etc. Please specifically describe behavior with examples. How much of the school period is devoted to these behaviors?

2. What methods have been utilized to handle the problem? (Intervention by school and teacher)

3. What set of circumstances seem to precipitate problem?

(Over)

1. What are positive behaviors?

2. What happens when the child behaves?

III. LEVEL OF ACADEMIC SKILLS IN TERMS OF GRADE LEVEL

1. Types of skill difficulty:

2. What methods seem to be most helpful in his learning?

3. What methods have been tried?

IV. REPORTS OF ALL PREVIOUS PSYCHOLOGICAL TESTING WITH DATES AND BY WHOM:

V. <u>SPECIFICALLY</u>, WHAT DO YOU EXPECT FROM THE CENTER?

STAFF FOR 1969-70

1. Director - Joseph A. Shields
2. Coordinator - Frank Navin
3. Center Psychologist - Dr. Joseph K. Andrews
4. Communications Consultant-Teacher - J. J. Fink

Cyesis Program:

5. Counselor-Teacher - Mrs. Marilea Bennington
6. Teacher - Mrs. Beryl Griffin
7. Tutor - Mrs. Elizabeth Bassano

Rehabilitation Program:

8. Teacher - William Henry
9 Reading Teacher - Mrs. Mary M. Gallagher

Learning Disabilities Program:

10. Pre-School Teacher and Resource Teacher - Mrs. L. Elaine Isennock
11. Teacher - Mrs. Neva Maffett
12. Teacher - Mrs. Barbara Schwartzbaum

Consultants - Part-time:

13. Pediatrician-Psychiatrist - Dr. Virginia Lee Ault
14. Nurse - Mrs. Eleanor Scotten
15. Psychologist - Dr. Mary Joan Albright
16. Psychologist - Prof. Merle G. Van Dyke
17. Psychologist - Dr. Jack Neisworth
18. Psychologist - Dr. Lynn R. Caldwell
19. Psychology Interns
20. Psychometrist - Mrs. Diedra Lauck
21. Educational Diagnostician - Mrs. Wretha Petersen
22. Language Pathologist - Miss Regina Cicci
23. Teacher Aides:
    1. Mrs. Frances M. Howell
    2. Mrs. Carol Owen
    3. Mrs. Hazel Archer
    4. Mrs. Beulah Rodefer
24. Stenographic - Clerical - James I. Hawkins, Jr.
    Mrs. Barbara Luloff
25. Custodian - John Hilliard